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PTO-2022 (12-04)

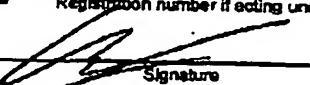
**AUG 15 2005** Approved for use through 07/31/2008. OMB 0651-0031  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)																								
<b>FY 2005</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (PL. 99-165))</small>		<b>ESST-03901</b>																								
<b>Application Number</b> <u>10/722,728</u>		<b>Filed</b> <u>11/25/2003</u>																								
<b>For Device and Method for Performing Multiple Modulus ... Art Unit 2124</b>		<b>Examiner</b> <u>Ngo, Chuong D</u>																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee</u></th> <th style="text-align: right;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$60</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$450</td> <td style="text-align: right;">\$225</td> <td style="text-align: right;"><u>450.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$1080</td> <td>\$ _____</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<u>450.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2421</u> . I have enclosed a duplicate copy of this sheet.																										

**WARNING:** Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34.  
 Registration number if acting under 37 CFR 1.34 38,626

  
Signature

David R. Stevens

Typed or printed name

8/15/05

Date

408.288.7588

Telephone Number

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 0 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEEDBACK OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 01 FC:1252 458.00 DA 000001 502421 10722728

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10722728

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN	
	OR	SMALL ENTITY
RATE	Fee	
BASIC FEE	150.00	OR
X\$ 25=		OR
X100=		OR
+180=		OR
TOTAL		OR TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	8/15/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	*	12 Minus	** 20 = -
Independent	*	3 Minus	*** 4 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY	OTHER THAN	
	OR	SMALL ENTITY
RATE	ADDITIONAL FEE	
X\$ 25=		OR
X100=		OR
+180=		OR
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	
	OR	ADDITIONAL FEE
X\$ 25=		X\$50=
X100=		X200=
+180=		+360=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	
	OR	ADDITIONAL FEE
X\$ 25=		X\$50=
X100=		X200=
+180=		+360=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.